Extraversion and Adjustment As Predictors of Perceived Quality of Life in Long-term Residential Care

Katie O'Brien

Submitted in partial fulfilment of the requirements of the Bachelor of Arts degree (Psychology Specialisation) at DBS School of Arts, Dublin.

Supervisor: Dr. John Hyland

Head of Department: Dr. Sinead Eccles

April 2013

Department of Psychology

DBS School of Arts

Contents

Acknowledgements:

Firstly I'd like the thank my supervisor, Dr. John Hyland, for his invaluable assistance and overwhelming support throughout this entire process. To all the O'Reilly-Ryan's for their help and support throughout the year in everything, in particular Jessica. To Kay O'Reilly for the advice and input. To my family for everything that they do for me. Finally, to all the Staff and Residents of Care Choice Montenotte, without which this would not have been possible, thank you so much for your generosity and patience.

Abstract:

The present study examined the relationship between quality of life and extraversion, adjustment, and time spent in residential care.12 participants from a nursing home in cork city were given a questionnaire on quality of life, adjustment, extraversion, and a short demographic questionnaire about their attitudes towards their experiences in the residential care home. Statistical analysis found no significant relationship between the variables, although thematic analyses appeared to support the limited previous research into factors such as autonomy, ethos of care, and activities that are considered important for quality of life

Extraversion and adjustment as predictors of perceived quality of life in long term residential care.

Introduction:

This study aims to look at the relationship between quality of life in long term residential care. It will look at what, if any, effects a person's personality traits has on this. The study also wishes to look at the relationship that a person's adjustment abilities, and the length of time they have spend in the current residential care setting, will have on quality of life.

Extraversion:

Extraversion is a trait of personality well known and understood by many. The common characteristics of someone who scores high on a extraversion scale may include high levels of sociability, a dislike of solitary activities, constantly seeking out new acquaintances, and someone who is talkative and enjoys the company of others (Myers, 1962).

Psychologists looking to establish and define traits often use the statistical factor analysis method to identify clusters of behaviours that are highly correlated with each other, either positively or negatively, but not with other clusters (Briggs and Cheek,1986). These clusters can be accurately said to reflect a trait on which people vary. Factor analytic studies have found the extraversion-introversion trait to be a major dimension of personality (Eysenck, 1956).

While many psychologists can agree on the extraversion trait, that is where they seem to part company, each interpreting results of factor analysis differently, varying in the number of traits they feel are distinct. Cattell established the widely used "a 16 factor personality

questionnaire" following asking thousands of participants to rate themselves on various behaviour characteristics and subjecting the data to factor analysis in 1950. Eysenck and Eysenck (1975) on the other hand simplified it to just two personality traits in their Extraversion-Stability model where there are two basic dimensions, the extraversion-introversion scale, and the neuroticism scale.

McCrae and Costa in 1991 suggested the idea of the Big Five factor model, which many researchers agree seems to be the best way to describe personality. The big five used some of Eysenck and Cattell's traits as well as developing some of their own to suggest five traits that the researchers believe may be universal to the human species, as the same 5 traits have been found in groups in diverse Asian, American, Hispanic and European cultures. (John and Strivastava, 1999; Trull and Geary, 1997)

Research:

Personality traits are generally considered to be relatively stable over time, however, they are not unchangeable. Research literature has contrasting views on the topic. On one hand, studies by Eysenck (1990), Zuckerman (1991) and, Robins, Fraley, Roberts, and Trzesniewski (2001) suggest that extraversion, as well as self esteem and some of the other more basic traits, remain relatively stable from childhood into adulthood and into older age. On the other hand however, Costa and McCrae (2002) suggest that neuroticism, openness and extraversion decline with age whereas agreeableness and conscientiousness tend to increase.

Adjustment:

The concept of adjustment is a term adapted from the field of biology. It is modelled on the biological theories of adaptation, which refers to a species' ability to adjust to changes in an environment. Whereas adaptation primarily refers to a species' ability to adjust to

physiological changes, adjustment refers to the psychological process through which people manage or cope with the challenges or demands of everyday life (Weiten, Dunn and Hammer, 2011).

The ability to adapt depends on a number of factors including personality, coping methods or strategies, and how an individual perceives stress.

Research:

Research into the area of how adjustment and personality types are related appears to be a relatively new area of study (Bardi and Ryff(2009)). In Bardi and Ryff's 2009 study the researchers' state that few studies have examined the effects of traits on adjustment to life transitions, and that none had looked at the interactions between the traits in predicting adjustment.

In the study by Bardi and Ryff the relationship between the big 5 personality factors and adjustment in elderly women was investigated. The interactive effects of traits were measured at 1, 8, and 15 months after relocation in the community. The study was conducted longitudinally in order to examine differences over time and to enable the researchers look at what effect, if any, time has on the effects of the transition.

Results showed a delayed response in negative reactions to the life adjustment, with negative affects occurring in many cases between the 8 and 15 month test times. Results also showed there was a relationship between neuroticism and other aspects of the big 5 in predicting levels of well being, which can be associated with adjustment. However, when interactions between extraversion and other personality traits were examined there were some significant results which may predict positive reactions to adjustment to major life transitions. These appear to be amplified when extraversion and openness were rated high in the original

pre-relocation tests. This would suggest that a person who rated high on an extraversion scale may be more likely to easily adjust to major life transitions including those in later life.

Quality of life:

The World Health Organisation (WHO) defines health as "A state of complete physical, mental, and social well-being not merely the absence of disease .. ." (1997) (pp.1).

With this in mind it would seem reasonable to suggest that an accurate assessment of a person's health must take into consideration not only measurable physical symptoms and changes in frequency or severity of such, but also an estimation of a person's well being. Tests to establish this are known as quality of life (QOL) measurements and they take not only physical health but emotional, social and personal beliefs into consideration.

In 1997 according to a report by the WHO there were no accurate quantitative questionnaire surveys available to assess such areas in order to achieve this and so, with a number of research groups, the first QOL questionnaires were developed. These were created with the intentions that they be used in policy change, medical practice and research. WHO later defined quality of life as:

> "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment" (1997) (pp.1)

Studies:

There have been many studies looking at personality and its relationship to quality of life (e.g. Wrosch and Scheier (2008); Abbey and Andrews (1984); van Straten, Cuijpers, van Zuuren, Smits,and Donker, (2007)). In a study in 2008 by Dubayova, Nagyova, Havlikova, Rosenberger, Gdovinova, Midel, van Dijk, and Groothoff, they examined the relationship between quality of life and extraversion and neuroticism in patients with Parkinson's Disease. The authors found that while a higher score in extraversion was significantly associated with better emotional well being in males, in females it was actually associated with worse emotional well-being. The researchers hypothesised that this was due to different coping strategies that are used by males and females (Carver, Scheier, and Weintraub, 1989).

While there appears to be many studies looking at quality of life and the relationship to extraversion, the author found none that looks at the relationship between quality of life and extraversion with regards participants in a residential care setting.

Similarly, there are a number of studies looking at the relationship between quality of life and the effects of a person's adjustment skills (e.g. Landolt, Grubenmann, and Meuli (2002); Badger, Braden, Mischel and Longman, (2004); Cotton, Levine, Fizpatrick, Dold and Targ, (1999)) Many of these however appear to look at the effects of a major traumatic illness or surgery on how a person adjusts and their associated quality of life. Again, there appears to be little to no research conducted into how a person's adjustment skills impact their quality of life and how older people adjust to a major life transition such as moving into a nursing home.

Current study:

The current study aims look at the relationship extraversion and adjustment play on predicting a person's quality of life in residential care in Ireland. There are almost 22,000 residents living in nursing homes in Ireland (NHI, 2012), both long and short term. This accounts for about 7% of people age 65 or over (CARDI, 2011), with this number increasing with age: 12% of those aged 80-85; and 25% of those 85 or older. With the increase in those living to an later age (respondents in the 65+ categories from the 2011 census have increased by 14.4% in a five year period from 2006-2011 (Census 2011)) the amount of nursing home beds required is expected to continue growing under the current healthcare models in place in Ireland. Despite this, there has been little research done in Ireland on quality of life in residential care.

One notable exception to this is Cooney, Murphy and O'Shea's 2008 research into determinants of quality of life in nursing homes in Northern Ireland. The researchers looked at 12 different types of residential care home settings and interviewed a total of 101 residents in order to understand the factors of life they felt were important to them. Some of the themes that emerged in a positive correlation with improved quality of life were: Independence and Autonomy, Activities and Therapies, and the Ethos of care experienced by the participants. The current study aims to build upon research from this study and look at what other variables are a significant factor in perceived quality of life

With this increase in numbers living in residential care in the country it's important that an understanding of the implications of this life transition on both the residents themselves and society as a whole is developed. The move from living at home to residential care setting can be, like many other major life events, a stressful time for a person. In understanding the complex relationships between a person's personality and how they react

to their environment, procedures can be developed to support at-risk residents with their adjustment to their new situation. Research in this area could also allow staff and support workers to identify and monitor those who may not be adjusting to the situation; and provide interventions such as counselling if required. Development in this area of research may also provide significant contributions to the field of Gerontology and provide useful data to psychologists involved in areas of research such as depression, adjustment, etc.

Little to no published research in this area has taken place in the Irish societal setting and for this reason the study will attempt to provide an insight into the older demographic of the Irish population in residential care, through a combination of qualitative and quantitative data collection techniques.

Based on previous research it would appear to suggest that there is a relationship between extraversion, adjustment and quality of life. The limited data available would also suggest that there may be a relationship between the length of time spent in a residential care setting and quality of life. Therefore, this study hypothesises that there will be a significant relationship between extraversion and quality of life. It also hypothesises that there will be a significant relationship between the length of time spent in residential care and quality of life. Finally, it is hypothesised that there will be a relationship between adjustment and quality of life.

Method:

Participants:

The study comprised of 12 lucid residents from a single nursing home in the Cork city area. To ensure that data would be valid an exclusion criteria was put in place to ensure that only participants that were fully lucid and cognitively aware would be able to take part. The researcher invited a number of nursing homes to take part in the study, however, only one invite was met with a positive response.

Access was obtained from the Director of Nursing at the residential home, in association with the activity co-ordinator who oversaw and co-ordinated the visits. Following a meeting with the activity co-ordinator a further exclusion criterion was put in place to ensure the participants were entirely capable of giving informed consent: all participants would have to score 9 or higher on a 10 point mini-mental scale that was systematically issued by the nursing home to residents in order to establish their cognitive functioning.

Data was collected over a period of two non-consecutive days in the home. All eligible participants were approached by a member of the care home staff and were informed of the study and its purpose and were asked if they wished to participate. If the participant was willing to participate, the researcher then approached the partipant and again asked permission before beginning the survey. As per DBS and PSI ethical guidelines, at this stage the participant was made aware that participation was completely voluntary, that they had the right to withdraw at any time, and that there would be no negative consequences from their decision if they did not wish to continue. If they declined, no further action was taken.

Design:

The group of participants were compared for their average score on the extraversion subset of the Big Five Index (John, Naumann and Soto, 2008), their total score on the "Social and Leisure" (Leisure) and "Extended Family" (Family) subsets of the SAS-M, and their average score on the Ferrans and Powers (1998) Quality of Life Index. This research was carried out within-subjects. The research was mixed method as it was looking at both a qualitative questionnaire to understand attitudes to certain topics mentioned below, and quantitative aspect as it was looking for a relationship between extraversion, quality of life and adjustment. It was correlational as was looking for a relationship between quality of life, and extraversion, adjustment, and time spent living in the care home. The sample was a purposeful sample, which means that participants were picked based on criteria that were pre-determined by the researcher prior to the beginning of the study. The CV in this study was perceived quality of life and the PV's were adjustment, extraversion, and length of time spent in residential care.

Materials:

The study used the extraversion subset of John, Naumann and Soto's (2008) Big Five Index which is based on Costa and McCrae's Big Five Factor Model. The decision was made by the researcher to eliminate all but the extraversion subset from the questionnaire in order to reduce cognitive load on the participants. The questionnaire required the participant to answer a series of 8 statements by rating the extent to which they agreed or disagreed with the statement on a 5 factor Likehert-type scale.

The SAS-M (Modified Social Adjustment Scale) (Schooler, Hogarty and Weissman, 1979) was used to measure a person's social adjustment to situations. The "social and leisure" and "extended family" sub-sets were used from this questionnaire as it was felt that

the other subsets were non-applicable as they were in regards to family living at home, dependent children, etc. However, the exclusion of all but the "social and leisure" and "extended family" subsets meant that a total social adjustment score was not available. Again, participants were asked to rate out of 5, the extent to which they agreed or disagreed with the 15 questions presented to them.

Finally, the study also used Ferrans and Powers (1998) Quality of life Index which is a questionnaire with 66 statements, requiring the participant to answer on a 5 point likehert-type scale the intensity of which they agreed or disagreed with the statement. The author decided not break this down into subscales as it was felt that it was important to get an all-round view of the participants quality of life and that by leaving out a subset, valuable opinions may be missed.

In addition, a short demographic questionnaire was used to obtain details such as length of time spent in residence, residents attitudes towards socialisation, adjustment, and suggestions for improvements. This demographic questionnaire was developed with the input of a retired care home worker, who also took part in a pilot test to ensure there were no errors in the survey and in order to establish the approximate length of time required in order to complete the study.

A Statistical Package for the Social Sciences (SPSS) was used in the statistical analysis of the data and pen, paper, and a calculator were used to aid in the recoding and scoring of the dataset.

Procedure:

The participants were approached by a member of the staff in the nursing home and asked if they would be interested in taking part in the research. If the resident agreed the researcher was then introduced to the participant by the staff member, who then left. The majority of the respondents were interviewed in their own rooms, the remainder in communal areas of the home such as day rooms, or activity rooms. If the interview took place in their own room the doors remained open in all except one case where the participant requested privacy.

The researcher introduced themself and again ensured the participant was happy to answer the questions. The respondent was informed of their right to withdraw from the study at any time and that participation was completely voluntary. The respondent was then asked by the researcher whether they were able to fill out the questionnaire on their own, or if they required assistance. The researcher then explained the study and ensured the participant understood the implications and purpose of the study. If they wished to continue, the participant signed the consent form to signal understanding and the survey began.

The majority of the respondents required assistance in filling out the questionnaires. This assistance, if required, was provided by the researcher. Assistance included reading the questions to the participant, recording the answers to the questions, and rephrasing questions to enable understanding. Assistance given varied according to the requirements of the participants. The length of time required for each participant varied from approximately 10 minutes to 45 minutes, depending on level of assistance required and ease in completing the survey. The participant was asked at a number of points throughout the procedure were they happy to continue, providing an opportunity to withdraw if required.

Following the completion of the surveys the researcher again asked the respondent did they have any questions and provided the participant with information sheets with the researchers contact details for both the participant and the relatives of the participant. The participant was then thanked for their time and input. This was done individually for all participants.

Results:

Descriptive statistics:

Table 1 *Descriptive Statistics of Psychological Variables*

Variable	Mean	Standard deviation
Quality of life	18.53	1.91
Leisure	32.33	5.09
Family	26.08	4.66
Extraversion	3.68	.73
Time in care (months)	17.75	9.75

Table 1 shows the Mean scores and Standard Deviation of the 5 variables recorded. It can be seen that the average length of time spent in care was 17.75 months (SD=9.75). It can also be seen that participants scored on average 18.53 (SD=1.91) in the Ferrans and Powers quality of life index. The participants scored on average 3.68 on the extraversion scale (SD=.73) Finally, the average scores for the leisure subset of the SAS-M was 32.33 (SD=5.09) and for the family subset was 26.08 (SD=4.66).

Inferential Statistics:

Table 2 *Shapiro-Wilkes Test of Normality*

Variable	Statistic	Df	sig.
Quality of life	.924	12	.317
Extraversion	.957	12	.742
Leisure	.937	12	.459
Family	.805	12	.011
Time in Care (months)	.903	12	.174

p significant at the .05 level

A Shapiro-Wilkes test for normality was conducted on the variables and it was found that all variables were normally distributed with the exception of the family subset of the SAS-M (p=.011, df=12) (see table 2). Taking this into consideration, and the fact that number

of participants was very low the decision was made to use a Spearman's Rho rank correlation coefficient, instead of a Pearson's *r*. This was done with the intention to try and reduce the likelihood of type I or II errors in the analysis.

Table 3 *Spearman's Rho Rank Correlation Coefficient*

Spearman's Rho		Quality of life	Extraversion	leisure	Family	Time in care
Quality of life	Correlation coefficient					
Extraversion	Correlation coefficient	-.084				
Leisure	Correlation coefficient	.373	.204			
Family	Correlation coefficient	-.033	.153	.150		
Time in care	Correlation coefficient	.111	-.160	.219	.204	

*p significant at .05 level

**p significant at .01 level

Table 3 shows the results of the Spearman's Rho run on the variables. It can be seen that there was no significant association between extraversion and quality of life ($rs(12) = -0.08$, $p = .795$). Likewise, there was no significant association between time spent in residential care and quality of life ($rs(12) = .11$, $p = .726$). Finally, there was no significant association between both the "leisure" and "family" social adjustment subsets on quality of life ($rs(12) = .37$, $p = .189$); ($rs(12) = -.03$, $p = .942$).

Qualitative Analysis:

A thematic analysis was completed on the demographic questionnaire given to each participant in the study. Responses to many of the questions asked were overwhelmingly positive. When the respondents were asked did they feel that they fitted into the residential home 11 of the 12 residents answered positively, with responses ranging from " I love it here"(respondents 7 and 2) to "I hope I fit in" (respondent 8).

Four of the participants shared the opinion that it was the best option if they couldn't be at home, suggesting a general acceptance of their situation. Just under half of the respondents, when asked about any factors that made feel settling in easier attributed the helpfulness of the staff to their adjustment (respondents 1,4,7,8,9). One resident answered that it was the wide range of activities that made settling in easier (respondent 4). Two of the participants, when asked if they felt they were settled in, answered negatively (respondents 11 and 10). When questioned further their answers suggested that this was because of personal factors. Respondent 11 mentioned they weren't settled because "It's in [my] mind to go home", and respondent 10 explicitly stated "I don't want to settle in".

A number of the respondents (respondent 12 and 4), when asked did they socialise with the other residents in the nursing home expressed negative views ("[they] aren't fit to socialise with") with regards some of the residents with cognitive impairment, and said this factor was enough to prevent them from actively socialising with others. The participants that expressed negative views with regards cognitively impaired residents added that they would talk with many of the families that come in to visit aforementioned residents, however. Staff members appear to be an important part of many of the respondents social life in the residential home, with five of the particpants specifically mentioning that they enjoy talking to the staff, and the relationship they have developed with them "there's always someone

around for a chat". When asked was there anything that the respondent felt would make settling in easier 11 of the 12 residents felt that there was nothing that could be improved on in this respect, however, one of the residents felt that increased freedom would make the transition from home to residential care easier.

When the respondents were asked about whether they joined in activities 75% of them responded positively, stating that they joined in at least one of the scheduled activities a week. When questioned further, those that responded negatively cited reasons for not going, which included reduced mobility such as arthritis and a dislike of other residents. When respondents were asked was there any other activities that they would like to see incorporated into the activity programme, many were satisfied with it the way it was currently. However a number of residents suggested items such as gardening, darts, and more faith and sport-related activities.

Loneliness was a theme which appeared from the answers of a number of the participants. Some of the respondents mentioned, through the course of the interview, that they missed family living abroad, particularly children and grandchildren. The residents that expressed such sentiments also had suffered the bereavement of friends or other close family such as spouses in close space of time. This may have been a contributory factor to the feelings of loneliness experienced.

Lack of control was also a theme brought up by a number of participants as a negative factor they felt was important to them. Respondent 10 was particularly expressive in this particular aspect, expressing anger at a lack of financial freedom "[My] pension is taken off me, I haven't enough money to come and go as I please". During the course of the interview the participant expressed worry about the financial situation of other residents and felt "they should all be at home" Respondent 5 expressed feeling a lack of control in regards family

life, saying “I go out for lunch with my family, but I don’t get a say in where I go, it’s all decided for me”.

The general theme emerging from the thematic analysis of the data is one of general positivity and contentment, with little negative feedback overall in most aspects of the questions put to the respondents.

Discussion:

In previous research (as mentioned above in the introduction) such as the study by Bardi and Ryff (2008) the authors looked at the relationship between adjustment, personality traits, and the time taken to adjust to major life transitions, in this case relocation in the community, and found that there was a significant relationship between extraversion and quality of life when participants were retested at a later stage following the relocation. Further research by Dubayova et al (2008) looked at the relationship between extraversion and quality of life in both males and females suffering with Parkinson's disease. Research in this study showed that high levels of extraversion in males are associated with positive well-being, whereas high levels of extraversion in females are associated with negative well-being.

However, little to no research (with the exception of the Cooney, Murphy and O'Shea study, 2008) looks at quality of life in the Irish residential care system. Therefore, this study wished to look at the associations between the length of time spent in residential care, extraversion, adjustment and perceived quality of life.

Data gathered from the participants in the study was analysed using SPSS. The results showed no significant relationship between quality of life and extraversion. Therefore it can be said that the null hypothesis (that there will be a significant relationship between quality of life and extraversion) cannot be rejected. The results from the analysis of the data also showed no significant relationship between quality of life and time spent in residential care. In this case the null hypothesis (that there will be no significant relationship between quality of life and time spent in residential care) also cannot be rejected. The analysis of the data showed no significant relationship between quality of life and adjustment. Therefore, in this case also the null hypothesis (that there will be no significant relationship between adjustment and quality of life) cannot be rejected.

When looking at the mean results for each of the 4 variables associated with the questionnaires that were used they can be interpreted in a positive light. In the Ferrans and Power's quality of life questionnaire the range of scoring was from zero to thirty. With a sample mean score of 18.53 it can be confidently said that the majority of participants perceive themselves to have an above average quality of life. With the extraversion subset from the Big Five Index the range of scoring was one to five and again, with an average score of 3.68 this is just above the midpoint showing that participants scored higher than average on this variable. When the results are looked at for the leisure subset of the SAS-M it can be seen that the mean is 32.33, which is again in the upper range of scoring for the subset, which is between nine and 45. Again, with this the data can be reviewed and it can be said that participants have above average social adjustment in this subset. Similarly, with the family subset participants mean score at 26.08, it can be suggested that participants have an above average social adjustment with regards families. In this subset the possible range of scores was between six and 30.

The result of the study was unexpected, insofar that previous research looking at similar variables produced significant results in other studies. One of the more likely reasons for this is that the sample size in previous studies was much larger than in the current study. For example, it the study by Cooney, Murphy and O'Shea there was a sample size of 101 residents interviewed over a 12 month period, which provided far more data than the current one. It is commonly understood that the greater the sample size the more accurate results will be. This may go some way to explaining the lack of significant associations found in all analysis done on the data.

Some of the results found when comparing the mean results to the total ranges of possible scores may be explained in a number of ways. With regards the high scores found on the extraversion scale this could be attributed to the fact that it may have been because of the

participants high levels of extraversion that they were willing to participate in the study in the first place. As discussed in the introduction some of the traits of extraversion include high levels of sociability, an enjoyment of others company and a need to seek out new acquaintances(Myers, 1962). All these may traits have made the participant more likely to agree to meet the researcher and participate in the study.

The above average levels of quality of life may be attributed to the high levels of care provided by the care home. In the care homes most recent report by the residential home regulator in Ireland (http://www.hiqa.ie) dated February 2013, there was no major issues raised by the inspectors on an unannounced visit, and reports were very complimentary towards care provided.

The nursing home's extensive activity plan, may account for the high levels of recorded leisure scores. The nursing home provides activities such as knitting, baking, arts and crafts, live music, physiotherapy, mobility and exercise classes tailored specifically for the older generation, amongst other things. These activities appeared to be in place for every day of the week, and there are dedicated activity leaders in place develop activity plans, to encourage participation, and to provide social support if required by the resident.

The participants high family score is more difficult to attribute to any one thing. One possible explanation is that many of the participants were mobile and active despite them living in residential care, perhaps providing a motivator for families visiting and keeping in touch. Another possible factor may be the ethos of the care home itself and the active encouragement they provide to relatives to visit and keep in touch. This can be exemplified in arranged "Family Fun Days", amongst other activities.

Bardi and Ryff's study looked at the relationship between adjustment and personality at the one, eight, and 15 month stages. Between the times of 8 and 15 months many of the

cases experienced negative effects to life adjustment, before returning to an almost baseline value when compared to value gathered before the community relocation. The mean for participants in this study was 17.75 months, which may mean that the participants have already "gone through" the negative period of adjustment and perceived quality of life and already returned to near a baseline, pre-transition value.

The thematic analysis produced a number of themes from the analysis that seem to support the research done by Cooney, Murphy and O'Shea in 2008. They found that activities and therapies, autonomy and the ethos of care were major factors associated with quality of life. In this study analysis showed that activities were an important part of the majority of respondents lives, with one resident mentioning them specifically as a factor in how they adjusted to their new surroundings. It was also seen that lack of independence, or autonomy, was the primary negative factor mentioned by a couple of residents, which would support the view put forward by Cooney et al with regards the importance of this factor. Finally, the majority of residents cited the staff and nursing home as a factor in their ability to settle in which is reflected in the ethos of care provided by the nursing home. As Cooney et al's research took place in Northern Ireland the suggestion could tentatively be put forward that the original research may be applicable to the island of Ireland in general. Further qualitative analysis to establish if this is the case would be recommended, ideally using a varied sample from the Republic of Ireland.

As with any study, there are both strengths and limitations to the research. The primary limitation established by the researcher in this study is sample size. Ideally the research would have had 50 to 60 participants as a sample but due to a lack of response in the researchers original invitation to participate in the study, followed by a lower than expected population sample from the nursing home that did agree to participate, combined with time constraints that were outside the researchers control, the research sample was greatly reduced.

Further research with a more appropriately sized sample is recommended, in order to establish if there is a statistically significant relationship between the variables.

The sample was also quite restrictive and may not be generally representative of the entire population. The sample was made up of Caucasian over 65 year olds from the Cork area. As Ireland today is becoming more multi-cultural, the results, may not have been an entirely accurate representation of an Irish over 65 population sample. To ensure a accurate representation of the population sample, further research could be done in the area using a broader, and therefore more accurate, sample.

In the design of the study the researcher did not look at gender differences and whether or not they were a predictor of quality of life in an Irish sample. Research by Dubayova et al in 2008 would suggest that there is a significant difference in certain aspects of quality of life and extraversion, depending on gender. Further research could be done using gender as a variable to explore the differences between gender, quality of life, and extraversion in an Irish population sample.

The study provided an opportunity for qualitative data to be collected from a vulnerable sample group. This data collected may provide valuable information to nursing homes that could influence policy change. It offered residents an opportunity to voice any concerns that they may have about their living situation that they may not have been able to do with relatives or staff. Analysis of the qualitative data also lent support to the Cooney et al (2008) study.

With a larger population sample the research may have provided information that could allow care-givers to identify residents that may have poor quality of life based on scores from extraversion or adjustment tests. This could allow for the closer monitoring of the resident,

and if necessary the provision of counselling or further measures with the aim of improving quality of life.

Further opportunities to develop research in this area could involve the use of more accurate and appropriate questionnaires. While Ferrans and Powers Quality of Life index was very detailed some of the respondents began to fatigue before completion. A modified questionnaire with fewer number of statements might be more appropriate for use with an older population sample. Due to time, financing, and access constraints the decision was made to use the "extended family" and "social and leisure" subsets of the SAS-M, as it was felt that the other subsets were not relevant to the sample. The use of only two of the subsets prevented an overall view of Social Adjustment. In further future research the use of a more relevant questionnaire to include all aspects of a person's adjustment abilities would be recommended.

Further research in the area could compare the quality of life experienced by the over 65 age group living at home without assistance, those receiving both private and publicly funded home-help, and those in a residential home. Research would suggest (such as the study by Bardi and Ryff in 2008) that participants without major life adjustments such as the move to a residential care home may experience better perceived quality of life.

While the current study did not find any significant results to support the main hypotheses, it provided support to some previous qualitative research, and offered recommendations for future research in this area.

References:

Abbey, A., & Andrews, F. M. (1985). Modeling the psychological determinants of life quality. Social Indicators Research, 16(1), 1-34.

Badger, T. A., Braden, C. J., Mishel, M. H., & Longman, A. (2004). Depression burden, psychological adjustment, and quality of life in women with breast cancer: patterns over time. Research in nursing & health, 27(1), 19-28.

Bardi, A., & Ryff, C. D. (2007). Interactive effects of traits on adjustment to a life transition. Journal of Personality, 75(5), 955-984.

Briggs, S. R., & Cheek, J. M. (1986). The role of factor analysis in the development and evaluation of personality scales. Journal of personality, 54(1), 106-148.

CARDI (2011) Focus on Models of Care. Retrieved from: http://www.cardi.ie/userfiles/Focus%20on%20Models%20of%20Care%20Aug%202011.pdf

Carver, C., Scheier, M., & Weintraub, J. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56(2), 267–283. doi:10.1037/0022-3514.56.2.267.

Cattell, R. B., & Eber, H. W. (1950). The 16 personality factor questionnaire.Champaign, Illinois: Institute for Personality and Ability Testing.

CSO (2011) Profile2: Older and Younger: retrieved from http://www.cso.ie/en/media/csoie/census/documents/census2011profile2/Profile2_Older_and_Younger_Entire_Document.pdf

Chapman, B., Duberstein, P., & Lyness, J. M. (2007). Personality traits, education, and health-related quality of life among older adult primary care patients. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 62(6), P343-P352.

Cooney, A., Murphy, K., & O'Shea, E. (2009). Resident perspectives of the determinants of quality of life in residential care in Ireland. Journal of advanced nursing, 65(5), 1029-1038.

Cotton, S. P., Levine, E. G., Fitzpatrick, C. M., Dold, K. H., & Targ, E. (1999). Exploring the relationships among spiritual well-being, quality of life, and psychological adjustment in women with breast cancer. Psycho-Oncology, 8(5), 429-438.

Dubayova, T., Nagyova, I., Havlikova, E., Rosenberger, J., Gdovinova, Z., Middel, B., ... & Groothoff, J. W. (2009). Neuroticism and extraversion in association with quality of life in patients with Parkinson's disease. Quality of Life Research, 18(1), 33-42.

Eysenck, H. J. (1956). The inheritance of extraversion-introversion. Acta Psychologica, 12, 95-110.

Eysenck, H. J., & Eysenck. S. B. G. (1975). Manual of the Eysenck Personality Questionnaire. San Diego: EdITS.

Ferrans,C.E., & Powers, M. J., (1998) Quality of Life Index-Generic Version III.

John, O. P., Donahue, E. M., & Kentle, R. L. (1991). The Big Five Inventory--Versions 4a and 54. Berkeley, CA: University of California, Berkeley, Institute of Personality and Social Research.

John, O. P., & Srivastava, S. (1999). The Big Five trait taxonomy: History, measurement, and theoretical perspectives. Handbook of personality: Theory and research, 2, 102-138.

John, O. P., Naumann, L. P., & Soto, C. J. (2008). Paradigm shift to the integrative Big Five trait taxonomy: History, measurement, and conceptual issues. In O. P. John, R. W. Robins, & L. A. Pervin (Eds.), Handbook of personality: Theory and research (pp. 114-158). New York, NY: Guilford Press.

Landolt, M. A., Grubenmann, S., & Meuli, M. (2002). Family impact greatest: predictors of quality of life and psychological adjustment in pediatric burn survivors. The Journal of Trauma and Acute Care Surgery, 53(6), 1146-1151.

McCrae, R. R., & Costa Jr, P. T. (1999). A five-factor theory of personality.Handbook of personality: Theory and research, 2, 139-153.

McCrae, R. R., Costa Jr, P. T., Terracciano, A., Parker, W. D., Mills, C. J., De Fruyt, F., & Mervielde, I. (2002). Personality trait development from age 12 to age 18: longitudinal, cross-sectional, and cross-cultural analyses. Journal of Personality and Social Psychology, 83(6), 1456.

Myers, I. B. (1962). The myers-briggs type indicator (pp. 1-5). Palo Alto, CA: Consulting Psychologists Press.

Nursing Home Ireland: Key facts: retrieved from: http://www.nhi.ie/index.php?p=key-facts

Robins, R. W., Fraley, R. C., Roberts, B. W., & Trzesniewski, K. H. (2001). A longitudinal study of personality change in young adulthood. Journal of personality, 69(4), 617-640.

Schooler, N., Hogarty, G., & Weissman, M. (1979). Social Adjustment Scale II (SAS-II). Resource materials for community mental health program evaluations, 290-303.

Trull, T. J., & Geary, D. C. (1997). Comparison of the big-five factor structure across samples of Chinese and American adults. Journal of Personality Assessment, 69(2), 324-341.

van Straten, A., Cuijpers, P., van Zuuren, F. J., Smits, N., & Donker, M. (2007). Personality traits and health-related quality of life in patients with mood and anxiety disorders. Quality of Life Research, 16(1), 1-8.

W.H.O. (1997) WHOQOL: Measuring Quality of Life: World Health Organisation. Geneva

Wrosch, C., & Scheier, M. F. (2003). Personality and quality of life: The importance of optimism and goal adjustment. Quality of life Research, 12(1), 59-72.

Zuckerman, M. (1991). Psychobiology of personality (Vol. 10). Cambridge University Press.

Appendices:

Cover letters

Dear Participant,

My name is Katie O'Brien and I am a student in Dublin Business School. I am conducting research in the Department of Psychology that explores how you see your Quality of Life and whether your personality has an influence on how you adjust to new situations.

You are invited to take part in this study and participation involves taking part in a few questionnaires and a few short answer questions about your life in the nursing home. If any of the questions in the surveys do raise any difficult feelings for you contact information is available on the last page, or you can speak to myself or a member of staff.

Participation is totally voluntary and you are not obliged to take part. You may decide to not take part at any time during the surveys. Participation will be kept confidential and any personal details (including the consent page) will be kept and securely stored separate to data collected so your privacy will be ensured as much as possible.

The data will be kept for a maximum of 2 years and will then be destroyed. Prior to this you may request your data to be removed from my study by contacting me.

My finished research may be published in journals and presented at conferences but no personal details will be presented and any information that could personally identify you from the short questions will not be shared .

If you have any questions about the research please contact myself, Katie O'Brien, at [redacted]. My supervisor can be contacted at [redacted].

Some help and support lines:

Age Action: 021 4536554

Samaritans:1850 60 90 90

Dear Relatives:

My name is Katie O'Brien and I'm an undergraduate Psychology student in Dublin Business School. As part of my final year project I'm conducting research in relation to Quality of life and how personality affects how well someone adjusts to new situations.

All surveys and questions asked have been approved by both the college's Ethics Committee and my supervisor, and your relative has been reassured that participation is entirely voluntary.

All personal details and anything that could identify your relative individually will not be disclosed publicly, and will be stored securely for a maximum of 2 years before being destroyed. I have informed your relative of his/her right to have data destroyed before then if they so wish.

If you have any questions or comments please feel free to contact myself at [redacted]

Thanks.

I understand that by signing this page I am agreeing to participate in this study and that I have understood the details on the previous pages.

Signature _____

Some Brief Demographic Questions:

How long have you lived in this nursing home in months? (as accurately as you can remember):

How do you feel you fit in here?:

Do you feel that you are settled here?:

If no, why not?:

If yes, was there a particular event that made you feel welcome and/or adjusted into life at the nursing home? :

Is there anything you can think of that would make settling into the nursing home easier?

Do you socialise with the other residents often? If not, why?:

Are you actively involved in activities such as the residents committee?:

Are there any other activities of daily living that you get involved in?:

Are there any activities you would like to see that the nursing home don't already have?

Have you any other comments?:

_____

_____

_____

_____ Thank you for your time!

Big Five Index

How I am in general

Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who *likes to spend time with others*? Circle a number next to each statement to indicate the extent to which **you agree or disagree with that statement.**

1 Disagree Strongly	**2** Disagree a little	**3** Neither agree nor disagree	**4** Agree a little	**5** Agree strongly

I am someone who…

1._____	Is talkative	1	2	3	4	5
2._____	Is reserved	1	2	3	4	5
3._____	Is full of energy	1	2	3	4	5
4._____	Generates a lot of enthusiasm	1	2	3	4	5
5._____	Tends to be quiet	1	2	3	4	5
6._____	Has an assertive personality	1	2	3	4	5
7._____	Is sometimes shy, inhibited	1	2	3	4	5
8._____	Is outgoing, sociable	1	2	3	4	5

SAS-M

this questionnaire asks about how you have been during the last two weeks at work, spare time activities and in family life – please read each statement and then put a tick (✓) in the box to the right to indicate how much the statement has applied to you <u>during the last two weeks</u>	*1 = not at all*	*2 = occasionally*	*3 = about half the time*	*4 = most of the time*	*5 = all the time*

<u>social and leisure activities</u>: *the following questions are about your friends and what you have been doing in your spare time – over the last 2 weeks have you:*						
1.	been in touch with any of your friends?					
2.	been able to talk about your feelings openly with your friends?					
3.	done things socially with your friends (e.g. visiting, entertaining, going out together)?					
4.	spent your available time on hobbies or spare time interests?					
5.	got angry with or argued with your friends?*					
6.	been offended or had your feelings hurt by your friends?*					
7.	felt ill at ease, tense or shy when with people?*					
8.	felt lonely and wished for companionship?*					
9.	felt bored in your free time?*					

<u>extended family</u>: *the following questions are about your extended family, i.e. Spouses, brothers, sisters, in-laws, and children – over the last 2 weeks have you:*						
		1	*2*	*3*	*4*	*5*
10.	got angry with or argued with any of your relatives?*					
11.	made an effort to keep in touch with your relatives?					
12.	been able to talk about your feelings openly with you relatives?					
13.	depended on your relatives for help, advice or friendship?					
14.	been feeling that you have let your relatives down at any time?*					
15.	been feeling that your relatives have let you down at any time?*					

Quality of Life Index

Ferrans and Powers
QUALITY OF LIFE INDEX©
GENERIC VERSION - III

PART 1. For each of the following, please choose the answer that best describes how ***satisfied*** you are with that area of your life. Please mark your answer by circling the number. There are no right or wrong answers.

HOW *SATISFIED* ARE YOU WITH:	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
1. Your health?	1	2	3	4	5	6
2. Your health care?	1	2	3	4	5	6
3. The amount of pain that you have?	1	2	3	4	5	6
4. The amount of energy you have for everyday activities?	1	2	3	4	5	6
5. Your ability to take care of yourself without help?	1	2	3	4	5	6
6. The amount of control you have over your life?	1	2	3	4	5	6
7. Your chances of living as long as you would like?	1	2	3	4	5	6
8. Your family's health?	1	2	3	4	5	6
9. Your children?	1	2	3	4	5	6
10. Your family's happiness?	1	2	3	4	5	6
11. Your sex life?	1	2	3	4	5	6
12. Your spouse, lover, or partner?	1	2	3	4	5	6
13. Your friends?	1	2	3	4	5	6
14. The emotional support you get from your family?	1	2	3	4	5	6
15. The emotional support you get from people other than your family?	1	2	3	4	5	6

(Please Go To Next Page)

HOW *SATISFIED* ARE YOU WITH:	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
16. Your ability to take care of family responsibilities?	1	2	3	4	5	6
17. How useful you are to others?	1	2	3	4	5	6
18. The amount of worries in your life?	1	2	3	4	5	6
19. Your neighborhood?	1	2	3	4	5	6
20. Your home, apartment, or place where you live?	1	2	3	4	5	6
21. Your job (if employed)?	1	2	3	4	5	6
22. Not having a job (if unemployed, retired, or disabled)?	1	2	3	4	5	6
23. Your education?	1	2	3	4	5	6
24. How well you can take care of your financial needs?	1	2	3	4	5	6
25. The things you do for fun?	1	2	3	4	5	6
26. Your chances for a happy future?	1	2	3	4	5	6
27. Your peace of mind?	1	2	3	4	5	6
28. Your faith in God?	1	2	3	4	5	6
29. Your achievement of personal goals?	1	2	3	4	5	6
30. Your happiness in general?	1	2	3	4	5	6
31. Your life in general?	1	2	3	4	5	6
32. Your personal appearance?	1	2	3	4	5	6
33. Yourself in general?	1	2	3	4	5	6

(Please Go To Next Page)

PART 2. For each of the following, please choose the answer that best describes how ***important*** that area of your life is to you. Please mark your answer by circling the number. There are no right or wrong answers.

HOW *IMPORTANT* TO YOU IS:	Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
1. Your health?	1	2	3	4	5	6
2. Your health care?	1	2	3	4	5	6
3. Having no pain?	1	2	3	4	5	6
4. Having enough energy for everyday activities?	1	2	3	4	5	6
5. Taking care of yourself without help?	1	2	3	4	5	6
6. Having control over your life?	1	2	3	4	5	6
7. Living as long as you would like?	1	2	3	4	5	6
8. Your family's health?	1	2	3	4	5	6
9. Your children?	1	2	3	4	5	6
10. Your family's happiness?	1	2	3	4	5	6
11. Your sex life?	1	2	3	4	5	6
12. Your spouse, lover, or partner?	1	2	3	4	5	6
13. Your friends?	1	2	3	4	5	6
14. The emotional support you get from your family?	1	2	3	4	5	6
15. The emotional support you get from people other than your family?	1	2	3	4	5	6

(Please Go To Next Page)

HOW *IMPORTANT* TO YOU IS:	Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
16. Taking care of family responsibilities?	1	2	3	4	5	6
17. Being useful to others?	1	2	3	4	5	6
18. Having no worries?	1	2	3	4	5	6
19. Your neighborhood?	1	2	3	4	5	6
20. Your home, apartment, or place where you live?	1	2	3	4	5	6
21. Your job (if employed)?	1	2	3	4	5	6
22. Having a job (if unemployed, retired, or disabled)?	1	2	3	4	5	6
23. Your education?	1	2	3	4	5	6
24. Being able to take care of your financial needs?	1	2	3	4	5	6
25. Doing things for fun?	1	2	3	4	5	6
26. Having a happy future?	1	2	3	4	5	6
27. Peace of mind?	1	2	3	4	5	6
28. Your faith in God?	1	2	3	4	5	6
29. Achieving your personal goals?	1	2	3	4	5	6
30. Your happiness in general?	1	2	3	4	5	6
31. Being satisfied with life?	1	2	3	4	5	6
32. Your personal appearance?	1	2	3	4	5	6
33. Are you to yourself?	1	2	3	4	5	6